Health F	Regulation Administr	ation				FORM	APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLI IDENTIFICATION N				NG	(X3) DATE SURVEY COMPLETED			
CPA-036			STREET AN	0777557 4000500 077/ 07175 7/0 0005			7/2010	
CASUA PRINCE VOLITUMORY INC. 741 8TH			741 8TH	DDRESS, CITY, STATE, ZIP CODE STREET SE GTON, DC 20003				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA		FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
S 000	26, 2010 through J findings were base interview. The same employee records five (25). The agency was for compliance with Titof Placement, Care	on was conducted on anuary 27, 2010. The d on record review an apple size was twenty based on a census of und to be in substantialle 29 Chapter 16, Stantie, and Services for Cleficiencies were cited	e survey nd staff five (25) f twenty tial andards hild	S 000				
S 093	1611.1(a) Personn			S 093	II. I has while	A-V & C		
	This CONDITION Based on record re failed to ensure tha were available for r	for employment or re is not met as evidence eview and interview, to it applications of employeew for eight (8) of s. (Employee #6, #9, #22)	ced by: he agency ployment twenty-		Section 1200	olyms 1/8 who to plant of the control of the contro	V	
	2010, at approxima employee #6, #9, # #11, #13, #15, #19, applications for em	el records on January tely 11:00 a.m., reve 10, , and #22 did not hav ployment. Human Resources M 0, at approximately 3	aled that				mit	

alth Regulation Administration

S 094 1611.1(b) Personnel Records

TITLE

(X6) DATE

S 094

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

CPA-036

A. BUILDING B. WING _

01/27/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SASHA BRUCE YOUTHWORK INC

741 8TH STREET SE WASHINGTON, DC 20003

	WASHINGTON, DC 20003							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE				
S 095	Continued From page 2	S 095						
	3:45 p.m. confirmed the findings.			711100				
S 096	1611.1(d) Personnel Records	\$ 096	a spreadpheat with					
The same and the	(d) Annual performance evaluations signed by both the employee and supervisor;	·	annual purformance	NOL				
	This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to obtain performance evaluations for thirteen (13) of twenty-five (25) employees. (Staff #1, #2, #3, #4, #6, #10, #14, #15, #16, #18, #19, #23 and #24)		Object the child					
	The finding includes:		Mariant Mills					
	Review of personnel records on January 27, 2010, at approximately 12:30 p.m. revealed that employees #1, #2, #3, #4, #6, #10, #14, #15, #16, #18, #19, #23, and #24 did not have for review, their annual performance evaluations.							
	Interview conducted with the Human Resources Manager on January 27, 2010, at approximately 3:50 p.m. confirmed the findings.			OF France				
S 100	1611.1(h) Personnel Records	S 100	SBN is correnally					
	(h) Documentation of participation in in-service training;		to relifications content					
	This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure that documentation indicating employee participation in in-service training was maintained, for six (6) of twenty- five (25) records reviewed. (Employee's #13, #14, #15, #23, #24, and #25)		The sersouncy gifts	en en elemente de la companya de la				
	otion Administration]				

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Health F	Regulation Administra	ation					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
		CPA-036				01/2	7/2010
NAME OF F	ROVIDER OR SUPPLIER				STATE, ZIP CODE		
SASHA I	BRUCE YOUTHWORK	(INC	741 81H S WASHING	TREET SE TON, DC 2	0003		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	N SHOULD BE COMPLETE	
S 100	The finding include Review of personne 2010, at approxima Employee's #13, # failed to have availa of participation in in Interview with the F	s: el records on January itely 1:30 p.m. reveal 14, #15, #23, #24 an able for review, docum n-service training. luman Resources Ma t approximately 3:50	ed that d #25 mentation anager on	S 100	South-Rusersh-S		
S 103	(k) Physical examination reports required in section 1612.2; This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure that seven (7) of twenty- five (25) employees had available for review, a current physical examination report as required in section 1612.2. (Employee #2, #6, #9, #13, #15, #22, and #24) The finding includes: Review of personnel records on January 27, 2010, at approximately 3:10 p.m. revealed that employees #2, #6, #9, #13, #15, #22 and #24 failed to have a current physical examination. Interview with the Human Resources Manager on January 27, 2010, at approximately 3:50 p.m. confirmed the findings.			S 103	Chroning of 12 Chotated physic on the British Service employees to h mote physics mote physics		
					an a region b	De Co	ndictal

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

CPA-036

B. WING

01/27/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SASHA BRUCE YOUTHWORK INC

741 8TH STREET SE WASHINGTON, DC 20003

	WASHING	IGTON, DC 20003				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE		
S 094	Continued From page 1	S 094				
	(b) Applicant's educational credentials;		By is amount of	-4/1/2O		
	This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure the personnel records of five (5) of twenty-five (25) employees had a copy of their education credentials. (Employee #9, #14, #15, #22 and #24)		Contrology	s nom		
and the second s	The finding includes:		Chagendrays one in the			
400	Review of personnel records on January 26, 2010, at approximately 1:00 p.m. revealed that employee #9, #14, #15, #22 and #24 did not have available for review, their education credentials.		and continue to reque	1		
77.6	Interview with the Human Resources Manager on January 26, 2010, at approximately 3:45 p.m. confirmed the findings.	Applications and a second application of the second applications and the second applications are second applications are second applications and the second applications are second applications and the second applications are second ap	before rive.			
S 095	1611.1(c) Personnel Records	S 095	Coura forward 584			
	(c) At least three (3) letters of reference;		Lott grown Tiw			
	This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to obtain letters of reference for eight (8) of the twenty-five (25) personnel. (Employee #1, #2, #3, #6, #7, #9 #10 and #22) The finding includes:	,	Completed letters of			
			Millianos, Mose em			
	Review of personnel records on January 26, 2010, at approximately 3:15 p.m. revealed that employees #1, #2, #3, #6, #7, #9, #10, and #22 did not have three letters of reference in their files. Interview with the Human Resources Manager on January 26, 2010, at approximately		Mile Oak Grantson			